



Client No. <b>2036</b>	Client Name <b>O. H. MATERIALS</b>	Location <b>1002 OSWEGO, ST. WICHA, N.Y.</b>	Date <b>12-31-86</b>
Facility Equipment	Detect Clock Weapon No.	Holster Nightsight	Raincoat Flashlight
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Other <b>GATE TRAILER KEYS</b>	
Officer—Day Shift (Name) <b>DICK KUKOSZKI</b>		Officer—Swing Shift (Name) <b>MICHAEL M. MILLER, SGT</b>	
Shift Began AM-PM Ended AM-PM		Shift Began AM-PM Ended AM-PM	
Shift Began 4 AM-PM Ended 12 PM		Shift Began 12:00 PM Ended 08:00 PM	
Observations or actions taken	Yes No Explanation	Yes No Explanation	Yes No Explanation
Rounds or stations missed	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Unlocked doors, gates or windows	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Unlocked vaults or safes	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Fire-smoke-or hazards	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
1. Extinguishers missing or defective	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
2. Sprinkler system defective	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
3. Fire doors or exits blocked	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
4. Rubbish accumulation	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
5. Motors running	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
6. Lights left burning	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Injury hazards	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Visitors	<input checked="" type="checkbox"/> see first remark	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Trespassing	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Violation of company rules	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Remarks <b>1. Jerry Maresca's work crew in at 06:50. made rounds every hour, large hole in fence on Oswego St. (R) MADE VISUAL CK OF BLDG. PERIMETER EVERY HR. (R)</b>			
<b>IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.</b>			
1. Were you injured during this tour?	Day Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/> 2. Yes No 3. Yes No	Swing Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/> 2. Yes No 3. Yes No	Grave Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/> 2. Yes No 3. Yes No
2. Did you suffer any illness?	Yes <input checked="" type="radio"/> No <input type="radio"/> 2. Yes No 3. Yes No	Yes <input checked="" type="radio"/> No <input type="radio"/> 2. Yes No 3. Yes No	Yes <input checked="" type="radio"/> No <input type="radio"/> 2. Yes No 3. Yes No
3. Have you reported all accidents coming to your attention?	Yes <input checked="" type="radio"/> No <input type="radio"/> 2. Yes No 3. Yes No	Yes <input checked="" type="radio"/> No <input type="radio"/> 2. Yes No 3. Yes No	Yes <input checked="" type="radio"/> No <input type="radio"/> 2. Yes No 3. Yes No
Signatures	Day Shift 1. <b>Heard J. V. Vento</b>	Swing Shift 1. <b>Dick Kukoski</b>	Grave Shift 1. <b>Michael M. Miller</b>
Signatures	2.	2.	2.
Signatures	3.	3.	3.

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